

## Appendix A: Waiver Administration and Operation

### Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Administrative Authority

**The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.**

##### i. Performance Measures

**For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:**

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

**Where possible, include numerator/denominator.**

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

**Number and percent of assigned quality assurance reviews completed quarterly by the contracted agencies. Numerator = quarterly quality assurance reviews completed by contracted agencies; Denominator = all quarterly quality assurance reviews assigned to contracted agencies.**

#### Data Source (Select one):

Other

If 'Other' is selected, specify:

Electronic Client Data System Reports

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample <input type="checkbox"/> Confidence Interval = <input type="text"/>

Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	Other Specify:

**Performance Measure:**

Number and percent of eligible applicants for whom waiver enrollment activities and timelines were completed as delegated. Numerator = number of eligible applicants for whom waiver enrollment activities and timelines were completed as delegated; Denominator = number of waiver applicants.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

**Electronic Client Data System Reports**

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies):	<b>Frequency of data aggregation and analysis</b> (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

Number and percent of new waiver eligible applicants for whom nursing facility Level of Care (LOC) was determined as delegated prior to the receipt of services. Numerator = number of new waiver eligible applicants for whom nursing facility LOC was determined as delegated prior to receipt of services; Denominator = number of new waiver eligible applicants.

**Data Source (Select one):****Other**

If 'Other' is selected, specify:

Electronic Client Data System Reports

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Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/>

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

Number and percent of participant Plans of Services and Supports (POSS) reviewed as delegated. Numerator = number of participant POSS reviewed as delegated;

Denominator = number of participant POSS delegated to be reviewed that were sampled.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/>

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

Specify:		Describe Group:
	Continuously and Ongoing	Other Specify: 3% Proportionate random sample.
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

Number and percent of participants for whom services were authorized as delegated prior to delivery. Numerator = number of participants for whom services were authorized as delegated prior to delivery; Denominator = number of participants for whom services were delivered as delegated.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

**Electronic Client Data System Reports**

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval =
Other Specify:	Annually	Stratified
		Describe Group:
	Continuously and Ongoing	Other
		Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> (check each that applies):	<b>Frequency of data aggregation and analysis</b> (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

Number and percent of participants served by contracted entities for whom services were delivered within authorized levels. Numerator = number of participants served by contracted entities for whom services were delivered within authorized levels; Denominator = number of participants served by contracted entities.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

**Electronic Client Data System Reports**

<b>Responsible Party for data collection/generation</b> (check each that applies):	<b>Frequency of data collection/generation</b> (check each that applies):	<b>Sampling Approach</b> (check each that applies):
	Weekly	<input type="checkbox"/> 100% Review

<input type="checkbox"/> State Medicaid Agency		
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	<del>State</del> Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

Number and percent of waiver providers correctly enrolled by contracted entities.  
 Numerator = number of waiver providers correctly enrolled by contracted entities;  
 Denominator = number of waiver providers enrolled by contracted entities reviewed.

**Data Source (Select one):**

Record reviews, on-site



If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/>

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other

	<input checked="" type="checkbox"/> Continuously and Ongoing	Specify: 3% Proportionate random sample.
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**Performance Measure:**

Number and percent of waiver provider agreements correctly monitored by contracted entities. Numerator=number of Medicaid provider agreements correctly monitored by contracted entities; Denominator=number of Medicaid provider agreements reviewed.

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	Continuously and Ongoing	Other Specify: 8% Proportionate random sample.
	Other Specify:	

Data Source (Select one):  
Record reviews, off-site If  
'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify: 3%Proportionate random sample
	Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>	<b>Annually</b>
	<b>Continuously and Ongoing</b>
	<b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Local level supervisors conducts the quarterly on-site reviews with a sufficient 8% yearly sample as identified by the Raosoft calculator. The HCBS Waiver Unit quality staff conducts annually an additional 3% sample (offsite),as identified by the Raosoft calculator, to verify the work of the local level supervisors.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The contracted Local Level Services Coordination Agencies are responsible to remediate all (100%) identified individual problems identified through its discovery processes in an appropriate and timely manner (30-60 days). As part of their discovery processes, all HCBS Waivers' supervisors are required to conduct a review of services coordination/resource development files on an on-going basis as assigned by the HCBS Waiver Staff. These reviews ensure that all delegated waiver activities are being applied correctly. The review responses are documented in an electronic data system. Indicators that do not meet standards require remediation/supervisory follow-up. Follow-up action must be taken within thirty to sixty days from date of review and be recorded in the "Remediation/Supervisory Action" Section. The HCBS Waiver Unit monitors statewide reviews to ensure reviews and remediation activities are completed as assigned.

Program Specialists from the HCBS Waiver Unit are also responsible for overseeing that all individual problems requiring remediation identified during discovery processes (i.e. file reviews, claims data reviews, incidents reviews, electronic data reviews and others) are remediated. This is accomplished by individual follow up/remediation, shared resolution, or quality improvement plans.

Individual follow-up/remediation is an informal plan created jointly between the Local Level Supervisor and the HCBS Waiver Services Unit Program Specialist detailing corrections which must be made. Local level supervisors are responsible for reporting remediation activities to the program specialist from the HCBS Waiver Services Unit. Program specialists from the HCBS Waiver Unit are responsible for documenting corrections in an electronic data system.

Shared Resolution is a formally-defined process, based on proactive partnership, to work with local service delivery staff and agencies to resolve and improve instances which (1)reflect performance below expectations that cannot be remediated through technical assistance; (2)indicate a pattern of policy or procedure non-compliance which does not include a client safety concern; or (3) are identified through formal discovery and determined not egregious as defined in the Quality Improvement Plan process. The Shared Resolution is a plan jointly created with local level supervisors and documented by HCBS Waiver Unit program specialist staff. The plan details how resolution and results will be monitored and measured. HCBS Waiver Unit program specialist staff are responsible for verifying corrections have been made.

The Quality Improvement Plan is a formally-defined process, based on a performance oversight model, to resolve and improve performance when a discovery method has identified an apparent contract violation or

immediate risk to client health and safety. This remediation is appropriate for these egregious issues as well as when other remediation has been unsuccessful or determined ineffective. The Quality Improvement Plan is a formal plan written by the local level supervisory staff using the DHHS Quality Improvement Plan template detailing specific, measureable steps, persons responsible, and start and ending dates. The Quality Improvement Plan also details supportive documentation on final follow up. HCBS Waiver Unit staff approves this plan before it is implemented and monitors its progress through completion.

Agencies that do not successfully complete their Quality Improvement Plan process or fail to provide delegated functions, may be referred to the HCBS Waiver Unit contract manager for contract review and possible payment reimbursement.

## ii. Remediation Data Aggregation

### Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div></div>

## c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

- ☒ No  
☐ Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix B: Evaluation/Reevaluation of Level of Care

### Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

## a. Methods for Discovery: Level of Care Assurance/Sub-assurances

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

## i. Sub-Assurances:

- a. *Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

Number and percent of new waiver eligible applicants for whom nursing facility Level of Care (LOC) was determined prior to the receipt of services. Numerator = number of new waiver eligible applicants for whom nursing facility LOC was determined prior to receipt of services; Denominator = number of new waiver eligible applicants.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Electronic client data system reports

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div></div>
<input type="checkbox"/> Other Specify: <div></div>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div></div>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div></div>
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <div></div>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div>

- b. *Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

Number and percent of enrolled participants for whom Level of Care (LOC) is redetermined at least annually. Numerator = number of enrolled participants for whom LOC is redetermined at least annually; Denominator = number of enrolled participants.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Electronic client data system reports**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

c. *Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information*



on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

Number and percent of participants for whom initial or annual Level of Care (LOC) is determined using the appropriate instrument. Numerator = number of participants for whom LOC is determined using the appropriate instrument; Denominator = number of participants for whom LOC is determined.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Electronic client data system reports

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/>

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <div></div>	Annually
	Continuously and Ongoing
	Other Specify: <div></div>

**Performance Measure:**

Number and percent of initial and annual Level of Care (LOC) determinations made in which LOC criteria were accurately applied. Numerator = number of initial and annual LOC determinations made in which LOC criteria were accurately applied; Denominator = number of initial and annual LOC determinations reviewed.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <div></div>
Other Specify: <div></div>	Annually	Stratified Describe Group: <div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
	Other	

	Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
--	---

**Data Source** (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; width: 150px; height: 40px;"></div>	Annually	<input type="checkbox"/> Stratified Describe Group: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	Annually

Responsible Party for data aggregation and analysis (check each that applies):		Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		Continuously and Ongoing
		Other
		Specify:
		<input type="checkbox"/>
		<input checked="" type="checkbox"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Local level supervisors conducts the on-site quarterly reviews with a sufficient 8% annual proportionate sample as calculated by Raosoft. The HCBS Waiver Unit quality staff conducts annually an additional 3% proportionate sample (offsite), as calculated by Raosoft calculator, to verify the work of the local level supervisors.

#### b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The local level services coordinator uses an automated "Level of Care Review" tool to record the client's initial level of care determination and to document review of the client's annual level of care redetermination.

A number of activities and processes at both the local and state levels have been developed to discover whether the federal Level of Care waiver assurance is being met, to remediate identified problems, and to carry out quality improvement. These processes and activities generate information that are aggregated and analyzed to measure the overall system performance. The Local Level Services Coordination Agencies are responsible to remediate all (100%) identified level of care individual problems identified through its discovery processes in an appropriate and timely manner. (30-60 days) The Quality Management Strategies for reviewing Level of Care are:

##### 1. Local Level Supervisory Reviews

- Level of Care reviews, as assigned by the HCBS Waiver Unit, are completed by supervisors on an automated system by each local agency providing services coordination.
- Remediation must be completed for those indicators that didn't meet standard and must occur within thirty calendar days from date of review.
- If a level of care has not been assessed and determined correctly, the supervisor provides the services coordinator with information concerning corrections needed. Required corrections are documented by the services coordinator on the Level of Care Review tool.
- If a client does not continue to meet level of care, the case is closed, a notice of action is sent to the client, and the client is referred to other possible services.
- Follow-up action must be recorded in the "Remediation/Supervisory Action" Section of the quality assurance review tool.

##### 2. The HCBS Waiver Unit File Review and Electronic Reports

- LOC quality improvement reviews are completed by the HCBS Waiver Unit on an automated system for each local agency providing services coordination.
- If a level of care assessment has not been adequately determined, the HCBS Waiver Unit staff provides the local level supervisor with information concerning corrections needed.
- Reassessment occurs and the required corrections are documented by the services coordinator on the

automated Level of Care Review tool.

- If the client is found to be eligible, he/she continues to receive services.
- If the client is found to be ineligible, the case is closed, a notice of action is sent to the client, and the client is referred to other possible services.
- Local level supervisors report remediation activities to the HCBS Unit quality staff. The HCBS Waiver Unit quality staff documents corrections in an electronic data system. The review documentation must include information that all negative level of care certifications have been resolved correctly.
- If services have been provided for a client that didn't meet LOC, a referral is made to Program Integrity for claims recovery.
- If there is a concern that the agency didn't meet performance compliance, they are responsible for a Shared Resolution or Quality Improvement Plan that will demonstrate how the agency will remediate and then determine system improvement
- Level of care reports are also conducted to assure local level reviews and remediation activities are completed as assigned.

## ii. Remediation Data Aggregation

### Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

## c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

☒ No

☐ Yes

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix C: Participant Services

### Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Qualified Providers

*The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.*

**ii. Sub-Assurances:**

- a. *Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

Number and percent of enrolled licensed, certified providers that initially met provider standards prior to furnishing waiver services. Numerator = number of enrolled licensed, certified providers that initially met provider standards;  
Denominator = number of initial enrolled licensed, certified providers reviewed.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Other Specify:	

**Data Source** (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):		Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/>	<input type="checkbox"/>	
		Continuously and Ongoing
		Other Specify:
		<input type="checkbox"/>

**Performance Measure:**

Number and percent of enrolled non-licensed, certified providers that initially met provider standards prior to furnishing waiver services. Numerator = number of enrolled non-licensed, certified providers that initially met provider standards; Denominator = number of initial enrolled non-licensed, certified providers reviewed.

Data Source (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation ( <i>check each that applies</i> ):	Frequency of data collection/generation ( <i>check each that applies</i> ):	Sampling Approach ( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="checkbox"/>
Other Specify: <input type="checkbox"/>	Annually	Stratified Describe Group: <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	Other Specify: <input type="checkbox"/>	



Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
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<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
<input type="checkbox"/>	Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
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<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
<input type="checkbox"/>	Continuously and Ongoing
<input type="checkbox"/>	Other

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):	
	Specify: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table>	

**Performance Measure:**

Number and percent of enrolled licensed, certified providers that met provider standards at annual review. Numerator = number of enrolled licensed, certified providers that met provider standards at annual review; Denominator = number of enrolled licensed, certified providers reviewed that have had an annual review.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation ( <i>check each that applies</i> ):	Frequency of data collection/generation ( <i>check each that applies</i> ):	Sampling Approach ( <i>check each that applies</i> ):		
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review		
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review		
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table>		
Other Specify: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table>		Annually	Stratified Describe Group: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table>	
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.		
<input type="checkbox"/>	Other Specify: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table>			

Data Source (Select one):

Record reviews, off-site If

Responsible Party for data	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):

'Other' is selected, specify:

collection/generation (check each that applies):		
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
<input type="checkbox"/>	Continuously and Ongoing
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

Number and percent of enrolled non-licensed, certified providers that met provider standards at annual review. Numerator = number of enrolled non-licensed, certified providers that met provider standards at annual review; Denominator = number of enrolled non-licensed, certified providers reviewed that have had an annual review.

Data Source (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
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<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/>		

Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	Continuously and Ongoing	Other Specify: 3% Proportionate random sample.
	Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	Quarterly
Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	Continuously and Ongoing
	Other Specify: <input type="text"/>

**b. Sub-Assurance:** *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.*

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information*

on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. *Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.*

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

Number and percent of newly hired Services Coordination (SC) and Resource Development (RD) staff enrolled in web-based training who successfully completed the training. Numerator = number of newly hired SC and RD staff enrolled in web-based training who successfully completed the training;  
Denominator = number of newly hired SC and RD staff enrolled in web-based training.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Electronic data system

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>

☐ Other

	Specify: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/>  V </div>
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**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/>  V </div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/>  V </div>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The state does not enroll any non-certified/non licensed providers.

Local level supervisors conducts the quarterly on-site reviews with a sufficient 8% sample determined by Raosoft calculator. The HCBS Waiver Unit quality staff conducts annually an additional 3% sample (offsite), as determined by Raosoft, to verify the work of the local level supervisors.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

A number of activities and processes at both the local and state levels have been developed to discover whether the federal Qualified Providers waiver assurance is being met, to remediate identified problems, and to carry out quality improvement. These processes and activities generate information that are aggregated and analyzed to measure the overall system performance. The Local Level Services Coordination Agencies are responsible to remediate all (100%) identified provider problems identified through its discovery processes in an appropriate and timely manner (30-60 days).

The Quality Management Strategies for reviewing qualified providers are:

**1. Local Level Supervisory Reviews**

- Qualified provider reviews, as assigned by the HCBS Waiver unit, are completed by supervisors on an automated system by each local agency enrolling providers. These reviews ensure that enrolled licensed and non-licensed certified providers meet Medicaid provider standards before furnishing waiver services and continue to meet Medicaid standards at annual review.
- For those indicators that didn't meet standards, supervisory remediation follow-up must occur with the



resource developer within thirty calendar days from date of review.

- If after further review the provider does not continue to meet qualifications, the provider agreement is terminated.
- The local agency notifies the HCBS Waiver unit for referral to Program Integrity for possible claim recovery.
- Follow-up action must be recorded in the "Remediation/Supervisory Action" Section of the quality assurance review tool.

## 2. The HCBS Waiver Unit File Review and Electronic Reports

- Qualified providers quality improvement reviews are completed by the HCBS Waiver Unit on an automated system for each local agency providing resource development.
- If a provider agreement has not been adequately determined, the HCBS Waiver Unit staff provides the local level supervisor with information concerning corrections needed.
- Reassessment occurs and the required corrections are completed.
- If the provider is found to be qualified, he/she continues to provide services.
- If the provider is found to be ineligible, the provider agreement is terminated.
- Local level supervisors report remediation activities to the HCBS Unit quality staff. The HCBS Waiver Unit quality staff documents corrections in an electronic data system. The review documentation must include information that all negative qualified provider issues have been resolved correctly.
- If services have been provided, a referral is made to Program Integrity for claims recovery.
- If there is a concern that the agency didn't meet performance compliance, they are responsible for a Shared Resolution or Quality Improvement Plan that will demonstrate how the agency will remediate and then determine system improvement
- The HCBS Waiver staff monitors statewide reviews to ensure review and remediation activities are completed as assigned. Review documentation must include information that all negative provider enrollment issues have been resolved correctly.

3. Training for Case Management Agencies: All Services Coordinators/Resource Developers/Supervisors must complete training on the Aged and Disabled Waiver Program upon initial hire. To assure all waiver staff is qualified; each trainee will be evaluated for competency by completing a final test. If the required test score of 80% is not achieved, the trainee will need to retake the course and final test.

The web-based training oversight is provided by the HCBS Waiver Staff. They monitor completion of the course and works with the local level supervisor to assure remediation of individual issues. If the trainee does not complete the course successfully, the waiver agency billing for that services coordination/resource development function is not approved.

## ii. Remediation Data Aggregation

### Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

## c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently nonoperational.

- ☐ No  
☐ Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.



## Appendix D: Participant-Centered Planning and Service Delivery

### Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Service Plan Assurance/Sub-assurances

*The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.*

##### i. Sub-Assurances:

- a. *Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.*

##### Performance Measures

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

##### Performance Measure:

Number and percent of participants for whom all assessed needs (including health and safety risk factors) have been addressed in the Plan of Services and Supports (POSS). Numerator = number of participants for whom all assessed needs have been addressed in the POSS; Denominator = number of participants reviewed.

##### Data Source (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	

		Representative Sample Confidence Interval = <input type="text"/>
Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
	Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
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<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.

	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div></div>

**Performance Measure:**

Number and percent of participants for whom all assessed personal goals have been addressed in the Plan of Services and Supports (POSS). Numerator = number of participants for whom all assessed personal goals have been addressed in the POSS; Denominator = number of participants reviewed.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation ( <i>check each that applies</i> ):	Frequency of data collection/generation ( <i>check each that applies</i> ):	Sampling Approach ( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div></div>
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

<input type="checkbox"/> V	Describe Group:  <input type="checkbox"/> V
4/ Other Specify: 8% Proportionate random sample.	
4/ Continuously and Ongoing	

<input type="checkbox"/> Other Specify: <input type="checkbox"/> V	
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Data Source (Select one):  
Record reviews, off-site If  
'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
4/ State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	4/ Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="checkbox"/> V
Other Specify: <input type="checkbox"/> V	Annually	Stratified Describe Group: <input type="checkbox"/> V
	4/ Continuously and Ongoing	4/ Other Specify: 3% Proportionate random sample.

	<div>Other Specify:</div> <div><div><div></div></div><div></div></div>	
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**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <div></div>	Annually
	Continuously and Ongoing
	Other Specify: <div></div>

- b. *Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

Number and percent of participants for whom a current needs assessment has been completed. Numerator = number of participants for whom a needs assessment has been completed; Denominator = number of participants reviewed.

**Data Source** (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample

		Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
	<input type="checkbox"/> Other Specify: <input type="text"/>	



**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <div></div>	Annually
	Continuously and Ongoing
	Other Specify: <div></div>

**Performance Measure:**

Number and percent of participants whose Plan of Services and Supports (POSS) were developed in accordance with State policies and procedures. Numerator = number of participants whose POSS' are developed in accordance with State policies and procedures; Denominator = number of participants reviewed.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <div></div>
Other Specify: <div></div>	Annually	Stratified Describe Group: <div></div>

	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
	Other Specify: <div></div>	

Data Source (Select one):  
Record reviews, off-site If  
'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <div></div>
Other Specify: <div></div>	Annually	<input type="checkbox"/> Stratified Describe Group: <div></div>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
	Other Specify: <div></div>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <div></div>	Annually
	Continuously and Ongoing
	Other Specify: <div></div>

- c. Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

Number and percent of participants whose Plans of Services and Supports (POSS) were reviewed and revised on or before the annual review date.  
Numerator = number of participants whose POSS were reviewed and revised on or before the annual review date. Denominator = number of participants reviewed.

#### Data Source (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample

		Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

Number and percent of participants whose Plans of Services and Supports (POSS) were revised, as needed, to address changing needs. Numerator = number of participants whose POSS were revised, as needed, to address changing needs; Denominator = number of participants reviewed whose changing needs required POSS revisions.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	Continuously and Ongoing	Other Specify: 8% Proportionate random sample.
	Other Specify:	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify: 3% Proportionate random sample.
	Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <div></div>	Annually
	Continuously and Ongoing
	Other Specify: <div></div>

- d. Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

Number and percent of participants whose Plan of Services and Supports (POSS) indicated services were delivered in accordance with the specified type, scope, amount, duration and frequency. Numerator = number of participants whose POSS' indicated services were delivered in accordance with the type, scope, amount, duration and frequency as specified in the POSS. Denominator = number of participants.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Electronic client data systems reports

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review

Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

- e. *Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information*



on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

Number and percent of participants whose file contains a completed and signed consent form indicating choice between institutional care and waiver services.

Numerator = number of participants whose file contains a completed and signed consent form; Denominator = number of participants reviewed.

**Data Source** (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Source** (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/>	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input type="checkbox"/> State Medicaid Agency		
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually
	Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

Number and percent of participants whose files indicated participants chose among types of services. Numerator = number of participants whose files

indicated participants chose among types of services; Denominator = number of participants reviewed.

**Data Source** (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Source** (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval = <input type="text"/>
Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 3% Proportionate random sample.
	Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <input type="text"/>	Annually
	Continuously and Ongoing
	Other Specify: <input type="text"/>

**Performance Measure:**

Number and percent of participants whose files indicated participants chose among providers. Numerator = number of participants whose files indicated participants chose among providers; Denominator = number of participants reviewed.

**Data Source (Select one):**

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data	Sampling Approach (check each that applies):
----------------------------	--

collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <div></div>
Other Specify: <div></div>	Annually	Stratified  Describe Group: <div></div>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	Other Specify: <div></div>	

Data Source (Select one):  
Record reviews, off-site If  
'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <div></div>
Other Specify:	Annually	Stratified  Describe Group:

	Continuously and Ongoing	Other Specify: 3% Proportionate random sample.
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Local level supervisors conducts the on-site quarterly reviews with a sufficient 8% yearly sample as identified by the Raosoft calculator. The HCBS Waiver Unit quality staff conducts annually an additional 3% sample (offsite), as determined by Raosoft calculator, to verify the work of the local level supervisors.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

**1. Local Level Supervisory Reviews**

- Plan of Services and Supports (POSS) reviews, as assigned by the HCBS Waiver Unit, are completed by supervisors on an automated system by each local agency providing services coordination. These reviews ensure that POSS's are completed accurately, consistent with assessed need and services are delivered in accordance with the participant's POSS.
- Remediation must be completed for those indicators that didn't meet standard and must occur within thirty calendar days from date of review. If a POSS needs to be revised, the supervisor provides the services

coordinator with information concerning corrections needed. Required corrections are documented by the services coordinator on the POSS form.

- Indications of abuse, neglect, exploitation, and client safety risks with no documentation that a referral, investigation and/or action occurred to address the problem must be followed up on immediately with the services coordinator.
- If the client's Plan of Services and Supports can't assure the client's safety, the case is closed, a notice of action is sent to the client, and the client is referred to other possible services.
- Follow-up action is recorded in the "Remediation/Supervisory Action" Section of the quality assurance review tool and finalized.

## 2. The HCBS Waiver Unit File Review and Electronic Reports

- POSS quality improvement reviews are completed by the HCBS Waiver Unit on an automated system for each local agency providing services coordination.
- If a POSS identifies individual problems, the HCBS Waiver Unit staff provides the local level supervisor with information concerning corrections needed.
- Reassessment occurs and the required corrections are documented by the services coordinator on the POSS.
- If the client's POSS is determined to meet all assessed needs, he/she continues to receive services.
- If the client's POSS is found to not meet all assessed needs, the case is closed, a notice of action is sent to the client, and the client is referred to other possible services.
- Local level supervisors report remediation activities to the HCBS Unit quality staff. The HCBS Waiver Unit quality staff documents corrections in an electronic data system. The review documentation must include information that all assessed needs have been resolved correctly.
- If there is a concern that the agency didn't meet performance compliance, they are responsible for a Shared Resolution or Quality Improvement Plan that will demonstrate how the agency will remediate and then determine system improvement
- POSS reports are also conducted to assure local level reviews and remediation activities are completed as assigned.

### ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

### c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

- ☒ No  
☐ Yes

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.



## Appendix G: Participant Safeguards

### Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Health and Welfare

*The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

##### i. Sub-Assurances:

- a. *Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

#### Performance Measures

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

#### Performance Measure:

Number and percent of participants who received information/education about how to report abuse, neglect exploitation and other critical incidents as specified in the approved waiver. Numerator = number of participants who received information/education; Denominator = number of participants reviewed.

Data Source (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval =



Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify: 8% Proportionate random sample.
	Other Specify:	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =
Other Specify:	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify: 3% Proportionate random sample.
	Other Specify:	

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**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**Performance Measure:**

Number and percent of Participant/Family Experience Survey respondents who reported that waiver providers do not make them feel threatened or in danger. Numerator = Participant/Family Experience Survey respondents reporting waiver providers do not make them feel threatened or in danger; Denominator = number of Participant/Family Experience Survey respondents.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Participant/Family Experience Surveys**

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	Continuously and Ongoing	Other Specify: 5% Proportionate random sample.
	Other Specify:	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	Weekly
<input type="checkbox"/> Operating Agency	Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

**Performance Measure:**

Number and percent of HCBS Waiver Incident reports completed with appropriate waiver resolution activity. Numerator = number of HCBS Waiver Incident reports completed with appropriate waiver resolution activity;  
Denominator = number of HCBS Waiver Incident reports.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Electronic client data system reports

Responsible Party for data collection/generation ( <i>check each that applies</i> ):	Frequency of data collection/generation ( <i>check each that applies</i> ):	Sampling Approach ( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	Monthly	Less than 100% Review

Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	Continuously and Ongoing	Other Specify: <input type="text"/>
	Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis ( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	Other Specify: <input type="text"/>

**Performance Measure:**

Number and percent of participants' death reviews conducted which did not require additional follow up/remediation. Numerator = number of participants' death reviews conducted which did not require additional follow up/remediation; Denominator = number of participants' death reviews conducted.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

Electronic client system data reports

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/>

**Data Aggregation and Analysis:**

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing
<input type="checkbox"/>	<input type="checkbox"/> Other Specify: <input type="text"/>

- b. *Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

- c. *Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

- d. *Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Local level supervisors conducts the quarterly on-site reviews with a sufficient 8% sample as determined by the Raosoft calculator. The HCBS Waiver Unit Quality staff conducts annually an additional 3% sample (offsite), as determined by the Raosoft calculator, to verify the work of the local level supervisors.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

A number of activities and processes at both the local and state levels have been developed to discover whether the federal Participant Safeguards waiver assurance is being met, to remediate identified problems,

and to carry out quality improvement. These processes and activities generate information that are aggregated and analyzed to measure the overall system performance.

The Local Level Services Coordination Agencies are responsible to remediate all (100%) identified Health and Welfare individual problems identified through its discovery processes in an appropriate and timely manner (30-60 days).

The Quality Management Strategies for reviewing health and welfare are:

1. Incident process: The local level services coordinator uses an automated "Local Level Incident" form to record critical incidents.

- Once the incident report has been completed, it is submitted to the HCBS Waiver Unit.
- The incident is reviewed by the HCBS Waiver unit and determined if the waiver resolution activities were complete. If further remediation is necessary, the HCBS Waiver staff reviews the incident with the supervisor to determine appropriate actions. Remediation is documented by the HCBS Waiver staff on the incident report form.
- After remediation is completed, the HCBS Waiver staff complete the state oversight review section and finalizes the review.

## 2. Local Level Supervisory Reviews

- As part of their discovery processes, all HCBS Waivers' Supervisors are required to complete a review of Services Coordination files on an on-going basis as assigned by the HCBS Waiver Staff. These reviews ensure that any identified individual issues of abuse, neglect and exploitation are addressed.
- These review activities are documented in an automated quality assurance review system. Indicators that did not meet standards require remediation/supervisory follow-up. Indications of abuse, neglect, exploitation, and client safety risks with no documentation that a referral, investigation and/or action occurred to address the problem must be followed up on immediately with the services coordinator.
- After client's reassessment to determine if waiver services and supports are sufficient to ensure the client's health and welfare, the client may continue on waiver, referred to other services, waiver case closing and appeal notice being sent.
- Follow up action must be recorded in the "Remediation/Supervisory Action" Section.

## 3. The HCBS Waiver Unit File Review and Electronic Reports

- Quality improvement reviews are completed by the HCBS Waiver Unit on an automated system for each local agency providing services coordination.
- Indicators that did not meet standards require remediation/supervisory follow-up. Indications of abuse, neglect, exploitation, and client safety risks with no documentation that a referral, investigation and/or action occurred to address the problem are followed up on immediately by the HCBS Waiver unit with the supervisor.
- Local level supervisors report remediation activities to the HCBS Unit quality staff. The HCBS Waiver Unit quality staff documents corrections in an electronic data system. The review documentation must include information that all health and welfare issues have been resolved correctly.
- The HCBS Waiver Unit monitors statewide reviews to ensure review and remediation activities are completed as assigned.
- Besides remediation being accomplished by follow up of individual or systemic issues, the agency could be responsible for a shared resolution or quality improvement plan Agencies that do not successfully complete their Quality Improvement Plan process or fail to provide some of the delegated functions, may be referred to the HCBS Waiver Unit contract manager for contract review and possible payment reimbursement.

## ii. Remediation Data Aggregation

### Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input checked="" type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually

Responsible Party( <i>check each that applies</i> ):		Frequency of data aggregation and analysis( <i>check each that applies</i> ):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/> Continuously and Ongoing
		Other Specify:
		<input type="checkbox"/>
		<input checked="" type="checkbox"/>

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently nonoperational.

No



Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix I: Financial Accountability

### Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

**a. Methods for Discovery: Financial Accountability**

State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver. (For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")

**i. Sub-Assurances:**

- a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered. (Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

Number and percent of paid claims that were coded and billed in accordance with the reimbursement methodology specified in the approved waiver. Numerator = number of claims paid correctly; Denominator = number of claims reviewed.



Data Source (Select one):

Record reviews, on-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: 8% Proportionate random sample.
<input type="checkbox"/>	Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site If

'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	Weekly	100% Review
<input type="checkbox"/> Operating Agency	Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <input type="text"/>

Other Specify:	Annually	Stratified  Describe Group:
	Continuously and Ongoing	Other Specify: 3% Proportionate random sample.
	Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	Other Specify:

- b. *Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how*

themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Local level supervisors conducts the quarterly on-site reviews with a 8% sufficient yearly sample as identified by Raosoft calculator. The HCBS Waiver Unit Quality staff conducts annually an additional 3% sample (offsite), identified by Raosoft calculator, to verify the work of the local level supervisors.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

The Local Level Services Coordination Agencies are responsible to remediate all (100%) identified claim problems identified through its discovery processes in an appropriate and timely manner (30-60 days). As part of their discovery processes, all HCBS Waivers' Supervisors are required to complete a review of services coordination/resource development files on an on-going basis as assigned by the HCBS Waiver Staff. These reviews ensure that claims are coded and paid in accordance with the reimbursement methodology specified in the approved waiver. These responses are documented in an electronic data system. Indicators that were answered "No" will be highlighted and will require remediation/supervisory follow-up. Follow-up action must be taken within thirty to sixty days from date of review and be recorded in the "Remediation/Supervisory Action" Section. Once all errors have been corrected and the remediation/supervisory actions are documented, the review is finalized and no other edits are allowed for the review. Payment errors could be referred to Program Integrity for claim recovery processing.

The HCBS Waiver Unit monitors statewide reviews to ensure review and remediation activities are completed as assigned. Review documentation must include information that all claims are coded and billed correctly have been resolved correctly.

The HCBS Waiver Staff also conducts file reviews and reviews claim data reports to ensure local level continuous improvement. Besides remediation being accomplished by follow up of individual or systemic issues, the agency could be responsible for a shared resolution or quality improvement plan. Payment errors could be referred to Program Integrity for claim recovery processing.

- ii. Remediation Data Aggregation

**Remediation-related Data Aggregation and Analysis (including trend identification)**

Responsible Party( <i>check each that applies</i> ):	Frequency of data aggregation and analysis ( <i>check each that applies</i> ):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.



No

Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.



## Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

### Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services

that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

## Appendix H: Quality Improvement Strategy (2 of 2)

### H-1: Systems Improvement

#### a. System Improvements

- i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The stated purpose of the HCBS Waivers Quality Improvement System is to ensure the health and safety of clients through continuous client-focused monitoring and improvement by implementing and sustaining a quality management system.

The Home and Community-Based Services (HCBS) Waiver Framework provides guidance as to the state's process for monitoring the safeguards and standards under the waiver. A set of key principles guide the QIS and are contained in the Nebraska's HCBS Quality Improvement System document. Nebraska's QIS uses an evidence-based tiered approach which includes a number of activities and processes at both the local and state levels. This system has been developed to discover whether the federal waiver assurances are being met, to remediate identified problems, and to carry out quality improvement.

HCBS Waiver Unit staff review the QIS on an ongoing basis to adjust program outcomes, determine the need to modify data sources and to develop other methods to evaluate progress and services.

Nebraska's HCBS Waiver quality oversight involves Program Management and Quality Management staff in the HCBS Waiver Unit of the Medicaid and Long-Term Care Division, Department of Health and Human Services (DHHS). (This is the single state Medicaid agency.) A HCBS Waiver Unit Quality Improvement Subcommittee is composed of staff from both the program and quality areas. This subcommittee meets monthly to review reports that contain four sections, discovery, remediation, analysis and recommendations for improvement. The recommendations for improvement section includes the subcommittee's recommendations for changes that may lead to systemic improvement in the quality of services and any recommendation due to issues or concerns related to remediation efforts. Those reports, along with the recommendations for changes, are directed to the Quality Council for trending, prioritizing, and implementing system improvements. The priority setting process is dependent on available resources.

Program Management staff design and monitor services, including specific performance related to service and remediation. Discovery methods under Program Management are: expenditure and utilization monitoring; technical assistance; professional research, observation, and insight; contract management and monitoring; and analysis of data sources.

The Quality Assurance/Improvement staff provides systemic review of program outcomes and standards compliance to establish continuous improvement. Discovery methods under Quality Assurance are reviewing electronic client data, conducting file reviews; implementing participant experience surveys; and oversight of the various local level supervisory efforts.

Staffs of both areas are involved in discovery related to death review; complaints; incident reports; and data collection and analysis.

Specifically, quality reports include: participant experience survey data, death review data, appeals data, supervisory file review data, central office file review data, local level complaint data, central office complaint data, incident data, adult/children protective service data, electronic client data system reports, service expenditure data, and service authorization data. Of these reports, the following are compiled by HCBS Waiver Unit staff and analyzed by the HCBS Waiver Unit staff and the Quality Council yearly: death review, appeals, supervisory file review, local level and central office complaints, incidents, adult protective services, participant experience surveys, electronic client data system reports, service expenditures, and

service authorizations. Reports are planned to be available on the Department's website by January, 2012 when they are ready for public dissemination. The reports are shared with the SC agency continuous and on-going.

Analysis of data reports occur monthly by the indicated areas in which program standard improvement is needed. For those agencies who do not meet standards, a continuous improvement plan is required, with the HCBS Waiver staff monitoring the plans to assure completion.

A Quality Council is in place to advise DHHS on strategies to improve all aspects of waiver quality management. Data is presented to the Quality Council for review and analysis. The Quality Council considers these findings in their overall waiver quality analysis and advisory role.

The State's waiver service delivery design incorporates two local level functions, Services Coordination and Resource Development. These two roles provide and check and balance as each focuses on a key area. Services Coordination staff work with client needs eligibility and service planning. Resource Development staff concentrate on issues of qualified providers, including their compliance with standards. Communications between the two functions is key and both provide continuous monitoring of service delivery.

The State process for trending and prioritizing data is based on the CMS Assurances: Administrative Authority, Level of Care, Plan of Care, Qualified Providers, Health and Welfare, and Financial Accountability. The State also trends and prioritizes clients' or families' responses to the Participant (In-Home and Assisted Living) Experience Survey and Family (Children) Experience Survey outcomes. The data is based on the four areas of quality indicators: Access to Services; Choices and Control; Respect, Dignity and Privacy; and Community Integration and Inclusion.

Following discovery of needed improvement in any area, staff confer, plan, and involve Quality Council. Lines of communication are fluid to allow information to flow to and from program and quality staff. Information also flows freely to and from the Quality Council and to and from services coordination agencies and other contracted providers. Continuous Quality Improvement, that is statewide systemic program enhancement, occurs through any combination of the following remediation activities:

1. Training and meetings. These are offered or mandated for supervisors, services coordinators, and resource developers, as appropriate.
2. Policy or procedure development or implementation to add, revise, or clarify program expectations determined necessary for program improvement.
3. Informational materials including written guidance for staff or brochures directed toward clients or the public.
4. Best practices. This includes the identification, dissemination, and implementation of best practice concepts on a statewide basis.
5. Remediation of individual problems. This is the responsibility of the local level agencies with the HCBS Waiver Unit providing the oversight to ensure completion. Technical assistance is also provided to local service delivery staff on a continuous ongoing basis to aid understanding of policies and procedures and to address individual situations.
6. Shared resolution. This is a formally-defined process, based on proactive partnership, to work with local service delivery staff and agencies to resolve and improve instances which (1) reflect performance below expectations that cannot be remediated through technical assistance; (2) indicate a pattern of policy or procedure non-compliance which does not include a client safety concern; or (3) are identified through formal discovery and determined not egregious as defined in the Quality Improvement Plan process.
7. Quality Improvement Plan. This is a formally-defined process, based on a performance oversight model, to resolve and improve performance when a discovery method has identified an apparent contract violation or immediate risk to client health and safety. This remediation is appropriate for these egregious issues as well as when other remediation has been unsuccessful or determined ineffective.

## ii. System Improvement Activities

Responsible Party( <i>check each that applies</i> ):	Frequency of Monitoring and Analysis( <i>check each that applies</i> ):
✓ State Medicaid Agency	Weekly
Operating Agency	✓ Monthly

Responsible Party( <i>check each that applies</i> ):	Frequency of Monitoring and Analysis( <i>check each that applies</i> ):
Sub-State Entity	Quarterly
Quality Improvement Committee	Annually
Other Specify:	Other Specify:

#### b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

The HCBS Waiver Unit of the Nebraska Department of Health and Human Services' Medicaid and Long Term Care Division is responsible for monitoring and assessing system design changes, collecting and analyzing information, determining whether the waiver requirements and assurances are met, ensuring remediation, and planning system improvement activities. The HCBS Unit Administrator, along with the Program Staff,

is responsible for coordinating the development, implementation and monitoring of any system design changes. The HCBS Unit Administrator works closely with the HCBS Quality Improvement Subcommittee and the Quality Council to assure the appropriate identified priority system issues are developed, implemented and monitored to assure system change occurs. Annual data is aggregated and compared to the previous baseline evidence to determine if the identified system change is effective.

As described above in a.i(System Improvements), the State has in place a Quality Improvement System that includes discovery leading to remediation. In turn, that leads to system improvement. This is an ongoing, circular system with components of discovery, remediation, improvement, design, and operations.

State staff in the HCBS Waiver Unit fulfill the lead role in guiding this improvement along with input from local services coordination agencies/offices and the Quality Council.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

Quality management staff, program management staff, and administrative staff of the HCBS Waiver Services Unit located in the Medicaid and Long-Term Care Division evaluate the effectiveness of the waiver Quality Improvement System on a continuous, ongoing basis. Nebraska QIS strategies stratify information for each respective waiver of the Aged and Disabled Waiver (NE.0187) and the Traumatic Brain Injury Waiver (NE.40199). The Long-Term Care services are not included as part of the Quality Improvement System strategy. The HCBS Unit is located in the Division of Medicaid and Long-Term Care so identified state plan system issues would be relayed to staff responsible for services under the Medicaid State Plan.

All data reports are reviewed to identify opportunities for improvement and to assure that the State is achieving its desired outcomes. Results are communicated to the HCBS Waivers Quality Council and the services coordination agencies. Adjustments are made, based upon overall priorities and resource availability.